Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

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AGENCY NAME Public Employees' Retirement System		CONTACT PERSON Jane L. Mapp		TELEPHONE NU 601-359-3592	MBER
ADDRESS 429 Mississippi Street		CITY Jackson		ZIP 39201	
EMAIL JMapp@pers.ms.gov	SUBMIT 04/28/16	Name or number of rule(s): Regulation 35		MS	33201
Short explanation of rule/amendment/r Regulation 35 would clarify that the option to receive a refund of the am retirement benefit. The effective da Specific legal authority authorizing the p List all rules repealed, amended, or susp	prohibition again ount of accumulate of the propose promulgation of rules	st changing options after re- ited employee contributions d amendments will be Augu e: 25-11-15(6)	tirement al s and intere st 1, 2016	so extends to	o the member's
ORAL PROCEEDING:					
An oral proceeding is scheduled for to X Presently, an oral proceeding is not sc if an oral proceeding is not scheduled, an oral proten (10) or more persons. The written request shoutice of proposed rule adoption and should incluagent or attorney, the name, address, email addrecomment period, written submissions including at ECONOMIC IMPACT STATEMENT: X Economic impact statement not requirement proceeding and the proceeding an	red for this rule. PROPO Action propo New r X Amen Repea Adopt Proposed fin 30 dar	a written request for an oral proceedir e agency contact person at the above a smail address, and telephone number of the party or parties you represe vs on the proposed rule/amendment/or Concise summary of ecc SED ACTION ON RULES used:	pis submitted address within to of the person(s int. At any time repeal may be seemed and the person of the person	twenty (20) days is a making the requirement of the twent submitted to the submitted submi	after the filing of this lest; and, if you are an ty-five (25) day public filling agency. attached. ON RULES hanges in text ges nce
Printed name and Title of person a Signature of person authorized to f		ules: Jane L. Mapp, Special A	Assistant A	ttorney Gene	<u>eral</u>
OFFICIAL FILING STAMP	DO NOT	WRITE BELOW THIS LINE FICIAL FILING STAMP APR 2 8 2016 MISSISSIPPI ETARY OF STATE	C	OFFICIAL FILING	G STAMP

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

#21936

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